THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLIV. WEDNESDAY, APRIL 23, 1851. No. 12.

MALFORMATION OF THE BLADDER AND GENITAL ORGANS, IN AN INFANT.

BY JAMES AYER, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE unfortunate infant, the particulars of whose case I will detail, is now 18 weeks old. Its parents—the father a Dane, and the mother a Norwegian—are well formed and healthy. They have an older child, perfect in every respect. At the period of accouchement the mother had no apprehensions, and was delivered after one hour's active pains. The child weighed eight pounds at birth, and was well developed except in the parts to be described. On tying the funis, it was found attached low down, near the symphysis pubis, and at the upper margin of what appeared to be a red and protruding mass, or tumor. This tumor had the bright red color and appearance of mucous membrane; and was situated just above, and in close proximity with, the symphysis pubis.

The present appearance of the tumor resembles, in form, the half of an English walnut, split longitudinally; having elevations and depressions like those of the shell. Its longest diameter, at right angles with the median line, is one inch and a quarter; its shortest, or mesial diameter, three fourths of an inch, and the circumference three and a quarter inches. Its whole surface is covered with a slight mucous secretion, which was much more copious a few weeks ago. The investing membrane has become somewhat indurated, and the child suffers far less from irritation.

On prominent points, at the two sides of the tumor, may be observed little orifices, scarcely admitting the point of the smallest probe, which are the mouths of the two ureters. The urine is constantly observed to be dribbling from these openings. Immediately beneath the tumor, and separated from it by a deep fissure, is observed a body, half an inch long, and nearly as large as the tip of the little finger, imperforate, and resembling the glans penis. The body of that organ is evidently wanting.

The pelvic bones are separated at the symphysis the distance of an inch. The whole abdomen has a flattened appearance. The tumor recedes, but does not disappear, when the child is quiet on its back; its sizes is increased when it cries. When the diapers were changed, for the first four weeks, involuntary evacuations of the bowels took place,

from exposure of the parts to the air. At that period painful excoriation was constantly kept up, from the incessant dribbling of urine on the thighs and perineum. Beneath the glans is seen the scrotum, of the usual size.

The child has nursed well, and gained flesh; when 13 weeks old it weighed thirteen pounds. It bears its troubles with a patience that would be commendable in sufferers of a larger growth.

The tumor is undoubtedly the posterior wall of the urinary bladder, protruding beyond the abdominal walls. The theory of Chaussier, who first described this deformity, and which was adopted by Sir Astley Cooper, is, that the bladder, after its formation, is protruded through the walls of the abdomen, and adheres to the sides of the fissure; and in this position the viscus suffers a loss of its anterior surface from laceration, absorption or otherwise.

The second theory is that of M. Isidore Geoffrey St. Hilaire, who believes that all the complications of extroversion of the bladder result from arrests of development; and that the various grades of them are governed by invariable laws. I have neither the space nor disposition to discuss these different theories. The latter, I believe, is the one more generally adopted by the profession; and its principles will apply to many other anomalies, besides the one under notice.

The deformity of J—— H——, whose case is familiar to medical gentlemen in this city, is almost precisely like that of this child. An account of his case was first published by Prof. Dugas, of Georgia, and a surgical operation for its relief proposed, but never performed. Other interesting cases have been published; and judging from the statistics we have, the malformation is far more frequent in males than in females.

April 11th, 1851.

PROFESSIONAL TRAVEL.

[Communicated for the Boston Medical and Surgical Journal.]

My Lord Brougham and Vaux, I think it was, said, some time ago, the "schoolmaster is abroad." What of truth there was in this declaration, we do not stop to consider. One thing we do know, that physicians are abroad. Never, perhaps, was there such an amount of professional travel as at this precise moment. It remains to be seen what will be the effect upon health, or, rather, disease. Students used to go away, to parts unknown, to study and see what it was supposed they could not find at home. And it was pleasant, after four years in college, and three in the medical school—seven long and weary years in all—it was pleasant, when the *apprenticeship* was over, to travel, to go to France and to England, see the world, forget home, and grow wiser. To cross the Atlantic was reckoned a marvellous sharpener of wit, and doubtless the community was better for the trip. They go so now, from the schools. But besides this, which is much, men leave their practice, yes, and their families—learned and established practitioners, and start off, and in about ten days are a thousand leagues from home and practice, and

among new nations, new faces, new worlds. Now is not this excellent? Who commendeth it not? The medical neophyte comes home with the *prestige* of foreign travel about him—he is a novelty—he has brought home with him excellent knowledge, and a handsome coat. He is ready to mount the brass, and to let the world of home know where he is. He is ready, too, to let that same world know what he is, as opportunity may serve. He is harnessed and ready to draw.

But settled practitioners, we said, have in numbers plucked up stakes of late, and noiselessly slipped away. Now this is excellent. Who is not rejoiced to learn, in every list of passengers his eye may meet, the names of well-known men, whom the world have honored, and in whom large publics confide—who have been faithful to work till rest or change is asked for, gently sought—and who have obeyed the trustworthy instinct and are away before near acquaintances dream of their departure. This season is remarkable, it was said, for this kind of professional travelling. Professors of medical schools, north and south, east and west, are on the wing. They have got through the winter session are escaping the spring ones, are off for study, for pleasure, for genuine relaxation, and some for health; and most heartily do we wish they may get full measure of each.

No physician in actual practice knows what entire relaxation from business is. His bed, his study, his table, his family—it is wrong to call these *his*—they are none of his,—they are daily sacrifices to his stern duty. He is the willing, cheerful servant of all. Summer or winter, wet or dry, sick or well, in sorrow or in joy; the physician in theory and in practice is to be forever ready, from his graduation to his death-day. That is, he is to be ready while on the spot, and as long as his name is up. And who takes it down? The executor may! The lawyer has rest, periodical rest, vacations. He travels just when, and as he pleases. The clergyman gets *bronchitis*, and a vote of absence, and continued salary—and he, too, travels, or, if in health, is *delegated* to a world's convention of some sort, and rejoices in the "wide weltering sea," and in the novelties and freedom of foreign peoples and in the new air of other climes. The physician at his post has no rest—has no time. He is the cheerfullest of men notwithstanding, and the hardest worked of them all. He is in the midst and pressure of suffering and sorrow, and yet in his own heart he has the deep consciousness that he is trying to remove both, and in that, and in his frequent success, he has peace and joy. Meeting one day an old physician, a true gentleman, and of more than 70—he lived in the country, and used to drive to town in an old-fashioned sulkey—meeting this honored acquaintance one day, the talk fell on the profession, its pleasures and its trials, and the question rose how old in practice my friend of the sulkey was. "I have been in the fills fifty years," said he, and with a twinkle in the tail of his eye, he added, "I shall stay in them as long as I can be buckled in." Here was cheerful patience, for he did a suffering work out there among the Blue Hills. How happy he always seemed, and how wide was the love for him! Now foreign travel takes a medical man, as the saying is, right out of harness and track. The slate hangs clean in the entry. The bell rests

all night—unwonted, tranquil sleep is on all the house. He rests, too. His long accumulated predisposition (to be professional) for pleasurable excitement—delight with the new, with anything that is change, forthwith brings with it gratification, and alteration in him. He gets a new step, a different gait. He walks faster. He talks faster, and for a day or two even after he gets home again, men say how much changed!—how full of spirit! Yes, sometimes, how young! We remember a frequent visiter here from abroad, a medical man in the largest and best practice in London—Dr. Holland. He has been with us a number of times, and takes interest in what he finds here. It is said that he packs up and runs away from practice every year, making a vacation of good two months in the finest season, and with the modern facilities of travel, treats himself often to new peoples and new climes. Now is not this a most excellent habit—an admirable rule and mode of life? Does it not keep heart and mind, both, in health, and active—lengthen life and make its whole years, latest as well as earliest, worth having—worth doing much to prolong? We are told to follow good example. What better one for a doctor than this? And who more worthy to set it than the man who has done so much to honor his profession, and who so largely deserves its honor?

It is grateful, in this notice of medical travelling, to find that our friends at home are on the wing. Boston is numerously represented in Europe. We miss three professors in our medical school—Professors H. J. Bigelow, J. B. S. Jackson, and J. P. Cook, who are filling the interval between the lecture terms with large opportunities for increasing the knowledge to the acquisition of which they have devoted so much of their lives; and thus are making themselves more valuable teachers and practitioners of their several callings. The same is true of professors of other medical schools. In the journals and newspapers of the day, we read constantly of these important changes of place, and all of which will bring with them their reward. Other members of the profession are away. We miss some of our pleasant professional acquaintances and friends who are thus passing a few months abroad, and for whom we have too sincere regard to wish them for our sakes to hurry home. Never was the time here so healthful, and enough of the body remain to preserve to the republic of disease a safe care.

There is another class, of whom a word. These do not travel. They remain at home, professional fixtures, and day and night are on hand. Some of these, it is thought, have grown old, or, at all events, are growing rusty. To such, change of place and circumstance would be of immense advantage. Put aside a dull razor for a month or two, and it is found to be quite sharp when next used. Your coat is growing old. Its seams *reflect* the light, and other places have lost their nap. Put this coat into a drawer and keep it dark for a few months. Then take it out and put it on, and you will hardly know it; and the passer by may stop to congratulate you on your new purchase. Now, if such changes happen to dead matter, old razors and old clothes, what may not, nay, what does not happen to an old body, from foreign travel? With a slight variation we may say of such—*Cœlum* ET *animum mutant qui trans mare cur-*

rant. The mind is waked up from the slumbering of a routine life. The new heavens and the new earth give to it freer life. And then how active becomes thought—how rapid is intellectual and moral sympathy. Unknown men, distinguished men are visited. The stranger has much that is novel to communicate, for his old experiences are in the foreign land, and to the foreign mind, new. Habitual expressions of countenance, long associated intellectual manifestations, gradually give way before the foreign life, and the staid old man loses much of the time-worn in the first place; and the replacings of the new, in the second, make him, as the phrase is, an "altered man." He comes home. He hears everywhere of the change, and of the improvement, and goes to work again with not a little of the freshness and vivacity of earlier years. Far be it from me to compare an old doctor to a dull razor, or to a thread-bare rusty coat. But how striking the change in both; in the one by rest and by being forgotten, the other wholly by new modes and scenes of being and of acting.

But, says the old but perfectly active and healthful physician, "I am an old man. I cannot live long. I want rest. I cannot take the chances, the rough and tumble of life; my heart is ossified, or the aorta is, and if I move a step quicker, or get a jolt, why the old worn-out organ may burst, and that will be the end of me. I have, finally, got into certain ways, and I cannot go out of them for pleasanter ones. I am satisfied." Now, with entire respect for these aged and honored friends, I cannot see the force of any or of all the objections they bring to foreign travel. I do not believe their hearts are half so bad as they tell us they are. I do not believe so much in this "heart disease," which the coroner so often diagnoses after death and without any *post-mort.* And if it really exist, I will venture without a *fee* to say that such change as foreign travel brings with it, may be the best means of arresting the malady, and of putting it where it may be forgotten.

But how shall this class get away? How shall they break loose from the safe and pleasant moorings which hard-worked frames, and deeply-wrought minds, have looked for and found in the competency and confidences of age? Grown old, and getting rusty, make up the whole case. The remedy for such symptoms is foreign travel. But when and how to go. Leave home at once. Resolve to do this, and be off. To determine upon such an act is full half of its preparation. To begin it is the other half—its accomplishment. There is no possible objection to this course. There is no danger and no discomfort in it. Precedent, experience, is in its favor, and most seriously do we recommend the trial to all those who can make it. I spoke to an old friend about this matter, a short time since. He said he was old and tired, and wanted nothing so much as rest. He does work still, however, though in years and in wealth—recollects "melting days." He was waiting quietly for a rest which would last forever. Why not consciously and practically begin it now?

We have some home travel which has been thought pleasant and useful. Physicians from every State meet annually in some one, stay several days, do some business; but, better and above all, get away

from home, from every-day toil, from the eternal sameness of every-day, every-hour duty, and endlessly-repeated avocations. They see different men, different societies, meet old acquaintances and make new. These are excellent things, these annual professional and friendly meetings, and we hope they may be forever. The present year, in May, the Association meet in Charleston, S. C. Its latest session was in Cincinnati. It had been North and somewhat South before. Take a month, ye who propose to go to Charleston—and travel about, and take your pleasure in unobstructed leisure. We who remain mean to go to Worcester with the Massachusetts Medical Society, and give at least one day of spring time to the country, and to rest. Should it be my lot to make a larger demand on the time of the year, I will tell you of some of my experiences, which, if you please, you may tell to the brethren. *

HOMŒOPATHY.

BY EDWARD WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE medical profession have undoubtedly bestowed sufficient attention upon the doctrines of Hahnemann and his followers, from the time of their first promulgation, and have thoroughly and impartially investigated them, at least so far as light can be obtained from their books or publications. The result has been, that the profession have pronounced against them, and essays and papers have not been wanting in which the principles and practice of homœopathy have been held up to ridicule, as absurd and unphilosophical.

Yet, I believe that this mode of practice is greatly indebted to its enemies for its extension and popularity. All its opposers have united in expressing their confidence in the harmlessness of the medicines employed. This assurance has weighed more with the public of all classes, than all that has been said of the inefficiency of the practice. People love novelty, and once assured of the safety of the means employed, they are eager to try the system. The smallness of the doses is a strong recommendation. Regular physicians assure them that the medicines are perfectly harmless: homœopathists assure them that they can cure them.

The writer of an able article in the Medico-Chirurgical Review, April, 1850, remarks upon the impropriety of the designation "allopath" for the regular practitioner; as legitimate medicine is based upon no such doctrine as *contraria contrariis curantur*. He uses the words "orthodox," "regular" and "legitimate" medicine, in which I propose to follow him, at the risk of censure for undue assumption.

I would ask, then, are regular practitioners justified in stating that the remedies employed by homœopathists are harmless and inert. We consider their theory false, but a celebrated ancient authority tells us that "all medical theory is false." On the other hand, we have the highest philosophical authority for the assertion, that there is no error which

does not contain a portion of truth. It is owing, then, to the portion of truth they contain, that the doctrines of homœopathy flourish.

Have orthodox physicians ever followed the homœopath into the sick chamber; or analyzed his drugs? Is he really bound by his master's theories, any more than we are bound by the dogmas of Hippocrates, Galen or Sydenham? We think ourselves privileged to draw from all sources in the cause of humanity; whatever is found beneficial in the hands of the empiric, the nostrum vender, the hydropathist, or the homœopathist, we employ without hesitation. Are we not to believe that the homœopath will do the same?

It will be found in practice, both here and in Europe, that these practitioners employ the most powerful remedies in the pharmacopœia in their treatment of the sick; medicines in which very great efficiency may be obtained in very small bulk. For diseases of the skin, they give arsenic; for nervous headache, diseases of the spine, &c., they give nux vomica. Nux vomica or strychnine seems to be the favorite medicine. We find that during the prevalence of cholera in Russia, the homœopathists boasted of considerable success, and their medicines were veratrum album, ipecac. and nux vomica. It matters little, as to the result, whether strychnine is actually employed, or whether they have the power of preparing an equally powerful extract of nux vomica. It is generally given by them of sufficient efficiency to produce dizziness. There can be no doubt that we might advantageously employ strychnine, much more extensively than we do, if its use was not attended with so much danger; a slight increase of the dose sometimes producing terrible effects. Homœopathists employ ipecac. in bulk. It is an exception to their rules, but it is sanctioned by the dogma ***similia similibus***. Ipecac. produces vomiting, and is one of the most efficient means of checking it. Dr. Billing notices a similar power in antimony. Nearly all this class of practitioners avail themselves of hydropathy. Blisters, venesection, leeches, injections, &c., are not rejected.

The temptations to become homœopathists are very great. Let us suppose that a young man educated at the medical schools, commences practice either in the city or the country. His abilities may not be sufficient to attract attention, and he cannot starve. He goes into a new place, purchases some homœopathic books and medicines, and commences a new career. Patients are attracted to him by novelty; and he tells them that the medicines he gives require the utmost caution with regard to diet and regimen, to insure their efficacy. He tells them honestly that his medicines are safe, but that there may be very great power, when required, in his small doses. Cutaneous diseases are submitted to him, and these he cures with arsenic; not secretly, but openly. His patients have perfect confidence that so small doses are perfectly harmless, and they have orthodox warrant for believing so. Nervous headaches, spinal affections and neuralgia, are cured with strychnia or morphine. For emetics, he employs antimony, or resorts to the regular doses of ipecac., with the apology ***similia similibus***. For cathartics, he can often advantageously substitute enemata. For inflammation, he resorts to hydropathy, or, when necessary, to leeches, blisters and vene-

section. Morphine can be employed to procure sleep, and corrosive sublimate, or some more powerful preparation, when mercury is demanded. Wherever the expectant system is required, his hundredth and millionth dilutions come into play.

He has this immense and serious advantage. His patient does not attempt to understand the medicine given, but he feels perfect confidence in its safety. If, by some mistake, he gives an over-dose of morphine or strychnine, and the patient dies, still no blame can be attributed to him, for the drug having *theoretically* suffered its millionth dilution, orthodox medicine, philosophy, logic and law combine to acquit him; and the death is attributed to the inefficiency of the means employed. He will be more cautious in future.

He has another serious advantage, especially in country practice. The broken-nosed teapots may remain quietly upon the shelves, where chance or prudent housewifery has arranged them, and if the anxious mother or nurse inquires—"Will there be any harm in giving a little thoroughwort, motherwort, catnip, saffron or pinkroot?" the answer is prompt and decisive, "Such medicines entirely disagree with homœopathic practice, and are absolutely inadmissible." The nurse or the mother is quieted at once, because she perceives that though these are excellent medicines when combined with what the regular doctor gives, they will not agree with the homœopathic drugs. The nurse would be highly offended to have it supposed she did not understand all the medicines given by the orthodox practitioner; but to homœopathy, she must blindly resign herself.

Will it be maintained that these practitioners inform their patients that their medicines have actually suffered such or such a degree of dilution? They inform them that such is the system or theory, not that the medicine given is prepared in that way and no other. They give their patients what they think is most for their benefit.

It is absurd to believe that rational men, well educated in the legitimate schools, and successful in practice, believe in absolute absurdities, and that they do not know the efficiency of the medicines they habitually compound and administer; that they fondly delude themselves with the idea that the tenth part of a grain of charcoal, after its millionth division. has in each millionth part an enormous power and virtue, while it is absolutely inert. It is less absurd to suppose that this power really exists, than that they are deceived. Do they never taste their own medicines? Neither is it any compliment to the understanding of the patient, to suppose him to take medicines year after year, which are as powerless as the water they are diluted with.

The truth contained in homœopathic theory has, perhaps, not been sufficiently attended to. The doctrine of *like to like*, finds its support in the properties of mercury, bark, ipecac., &c. We also give stimulants to procure sleep; that is, exciting remedies to allay excitement. A more important principle is this, that the medicinal power of an agent is increased by the minute division of its particles. Thus mercury, in itself inert, becomes all powerful merely by minute division of its particles. It is also a truth, though but little acted upon, that the efficacy or

power of an article is not always increased in proportion to its bulk. A small dose of mercury may act, even as a cathartic, more powerfully than a larger dose. That a small dose of ipecac. will do the same, will be readily understood, because a large dose is ejected so much quicker. A small portion of food will often lay in a feeble stomach like lead, while a larger dose will rouse the powers of digestion into activity. Suicides often fail in their purpose by taking too large doses of poison.

In what I have said, I have not drawn a mere fancy sketch; still I would not be thought to have any individuals in view, nor as having any wish to enter the lists against homœopathy. My design is to call the attention of regular physicians to the *practice*, not the theory in question, and to the inquiry whether powerful medicines—medicines of immense power—are not in reality given by *soi-disant* homœopathic physicians, and whether they are justified in pronouncing them inert or harmless? A fatal case related in the 27th volume of this Journal affords full proof that this question is not an unreasonable or unfounded one.

In regard to the homœopathic medicines which are offered for sale, I suppose that they are generally harmless: but here, too, nux vomica plays a conspicuous part; and it may be a worthy subject of inquiry, whether this drug can be taken long in increased doses without serious injury; and whether some of the anomalous diseases which puzzle us under the likeness of rheumatism, neuralgia, spinal or cephalic disease, and sometimes terminate fatally, have not, in fact, originated from the improper use of this or some other homœopathic medicine which acts upon the nervous centres, or the "solar plexus and the vagus."

I observe that a paragraph from the Report of the Committee of the Massachusetts Medical Society, complimentary to homœopathy, as far as relates to diminished doses of medicines, has been copied into the daily papers. Taken apart from its connection, it may have a wider effect in giving an indirect sanction to its doctrines than the Committee intended.

It is to the progress of medical science, and to the laborious researches and observations of such men as Andral, Louis, Prout, and others whom I could mention, both abroad and at home; in pathology and at the bedside of the patient; and to the labors and skill of the chemist in separating the active and useful principles of medicine from the inert or the prejudicial, that we are more truly indebted for this improvement in the use of medicine as prescribed by regular physicians. With regard to the quantity and bulk of drugs actually consumed by the public, I fear that it is, at least, as large as in former times.

Notwithstanding all the improvement in the orthodox administration of pharmaceutical agents, that man would really confer one of the greatest benefits upon his race, and at the same time contribute to the comfort, though not the *emolument* of the medical profession, who could convince them of the folly of dosing themselves, either with patent, homœopathic, or with the most orthodox drugs.

Newton Lower Falls, March 31, 1851.

USE OF THE NITRATE OF SILVER.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—It may be useful to the profession to give my plan of using nitrate of silver. The old form of stick or pencil I long since found to be very inconvenient, and I adopted the plan of casting it into balls. Ordinary pistol and musket bullet moulds are well adapted to it. Fuse the salt (crystallized) in a porcelain capsule, warm the iron bullet mould, and cast it just as you would a leaden bullet. You can then cement the bullet firmly, to a wood or other holder, with black sealing wax. In this form it presents a smooth surface, and you can make it as large as you please; and in the application of it to erysipelatous inflamed surfaces this is important. With the small bullet you can touch the surface of the eyelids, in scrofulous conjunctivitis, and the erysipelas of the face, very comfortably; and, let me add, with infinitely more effect than with the solution. In applying the nitrate to the cervix uteri, and the vaginal cavity, I use the ball attached to a rod sheathed with a glass tube; withdrawing the ball into the tube until I have reached the extremity of the cavity, then projecting it, I sweep the cavity around the cervix circularly, gradually working it outwards until the whole or such part of the cavity has been touched as I desire, then withdraw the ball into the tube, and withdraw that. By this means I save entirely the disagreeable and painful use of the speculum; and by shielding the ball with the glass tube I avoid touching the external parts, or any part not desired to be touched.

To old ulcers and sores, I use nearly a saturated solution of the nitrate with the happiest effect. I wet the whole diseased surface with a camel's-hair pencil, dressing afterwards with lint. I have just got through with a severe case of carbuncle, that I also treated with the strong solution in the same way. The pain of the carbuncle was relieved in half an hour after the first application. Yours,

Baltimore, Md., April 8, 1851. Gideon B. Smith, M.D.

URINARY CALCULUS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Perhaps the following case may not be without interest to the profession.

I first saw Mr. S., aged about 70 years, January 3d, 1851. He had suffered for twenty years, from some degree of difficulty in voiding his urine. About three years before the time I first saw him, he was obliged to resort to the use of a catheter, which he had used most of the time since; and for the last several months of his illness, it was necessary to introduce it as often as every three or four hours, and sometimes even oftener. At my first visit he requested me to sound him, which I did. I discovered immediately, on the introduction of the sound into the bladder, a calculus of evidently large dimensions and exceedingly rough to the touch. He died March 25th, after a long and most suffering illness.

The following day I made a post-mortem examination, assisted by a neighboring physician. The result was the following.

Evidence of considerable former disease at apex of right lung. Some adhesion of costal and pulmonary pleura. Traces of inflammation were found on mucous membrane of stomach, and the jejunum was almost in a gangrenous condition. The right kidney was partially disorganized, and yielded on pressure a puriform matter. The left kidney was one complete sac, from which escaped about a pint of fœtid pus. On opening the bladder, a stone was discovered as large as an ordinary-sized hen's egg, somewhat flattened, and as rough almost as coral.

How long had this stone probably been forming? Three years or twenty?

PETER PINEO, M.D.

Barnstable, Mass., April 4th, 1851.

QUACKERY, VERSUS THE REGULAR MEDICAL PRACTICE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the April number of your Journal there appears an article on homœopathy, purporting to be from a member of the regular profession of medicine; or, as he and many others in, as well as out, of the profession, indiscreetly, inadvertently or ignorantly, term it, allopathy. Now I, for one, as a regular medical practitioner, protest against the employment of this, or any other term, to designate our practice. It is this fact which has promoted, is still advancing, and will continue to encourage, the promulgation and support of quackery, under the name of the particular pathy by which its inventor, or rather promulgator, chooses to denominate it. And if the members of the regular profession consent to acknowledge a specific name, similar to the others, they reduce themselves to the same level, and thus place themselves and their practice on a par, so far as the public is concerned, which does not generally possess sufficient knowledge to properly discriminate, among all those numerous practitioners and systems of quackery in vogue at the present time.

Now there are only two divisions of the medical profession—or, rather, only one—the term as applied to the second being palpably a misnomer; viz., first, the *regular practice*, which has for its object the prevention, cure and treatment of disease on rational principles, and in accordance with the laws of nature; and, second, the *irregular* practice, consisting of the various subdivisions of homœopathy, hydropathy, Thomsonism, &c., the votaries of which are in general actuated by no other motive than to deceive the community and thus promote their own selfish and pecuniary interests. Although occasionally there may be, and no doubt is, drawn into them some weak-minded, yet well-meaning man, who may possess a small or a vast amount of knowledge, yet it will be almost universally found that such men are deficient in wisdom, or, what is absolutely necessary for the proper appreciation and application of all knowledge, good common sense. It is within the experience of all men, that they have known, and do know persons, some highly edu-

cated, with an abundance of knowledge, yet deficient in that most important of all requisites, wisdom, to use it properly; like an engine with a plentiful supply of steam, but no engineer, or a crazy one, to guide it. On the other hand, there are persons who have no education at all, not even sufficient to read or write their own names, yet by being in the possession of good common sense, they comparatively seldom commit errors of judgment, except those necessarily arising from a want of knowledge.

In consideration of the above facts, and many others which might be mentioned, it is the duty of the regular profession to discard all names which have been, and will be, artfully applied to it, by these quacks, to render the distance in the public mind less between them and the true lovers and practitioners of science. By so doing, these pretenders very well know that they will draw a veil over the eyes of the public, and thus distort their vision with regard to the merits of the correct and true principles of medicine, while the otherwise glaring faults and absurd claims of those which they pretend to call principles will be modified and made to appear the only ones worthy of any confidence.

In conclusion, I am constrained to reiterate my protest against, and disavowal of, all such terms to designate our profession; for it is our duty not to acknowledge any pathy, nor adopt any exclusive system, which may have a tendency to contract our views of nature and the laws by which she is governed, but practise, as we do, on those broad principles of science which have been, and may still be, established by the united efforts of the ablest intellects that have existed and labored, from the earliest period to the present time, for the benefit and happiness of mankind.

With the hope that these few and desultory remarks may induce a better appreciation, and a more correct view of this subject,

I remain very respectfully yours, MEDICUS.

Philadelphia, April 8th, 1851.

OPIUM IN STRANGULATED HERNIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—After reading in your Journal of March 5th, the treatment of a case of strangulated scrotal hernia, I was left in doubt, which of the two remedies produced the successful reduction, the anodyne or the cupping-glass. I have seen opium given, in several cases of strangulated hernia, where taxis by skilful hands proved unsuccessful, to allay the pain, until a surgeon could be procured, when, on his arrival, the tumor had disappeared or reduction was easily effected.

J. P., aged 60, of Warwick, had a scrotal hernia of many years standing; had worn a truss. Jan. 1, 1849, Dr. Taylor was called, and after many unsuccessful efforts by taxis, I was called in consultation. Ordered morphine, gr. ½, to be repeated in one hour. After the patient became fully under the operation of the morphine, the tumor was easily reduced.

Mr. F., aged 70, of Athol, had a scrotal hernia for thirty years; had worn a truss. May 4, 1849, called in the evening to reduce it, after many efforts by taxis. Ordered opium, gr. 1, every two hours. Called six hours after, when gentle efforts effected the desired object.

E. N., aged 80, had a hernia for 25 years; had worn a truss. May 8th, 1850, whilst riding in his carriage his truss slipped, the hernia descended very large, and he could not reduce it as usual. Called Dr. Bemis, 2 o'clock, P. M., who after considerable effort requested Dr. Burton to be called in. Taxis was renewed, and with no better effect, and it was now thought the only alternative was an operation. I was sent for, and reached the patient 7 o'clock. As the tumor was very tender, I advised to delay further efforts and the operation until opium had been tried. Ordered morphine, gr. ½, to be repeated every two hours. Met in consultation 7 o'clock next morning, when I was informed the tumor had been very easily reduced an hour before my arrival. I. P. W.

Royalston, April 1, 1851.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 23, 1851.

EDITORIAL CORRESPONDENCE.

Jerusalem, March 16th, 1851.—After ranging over Palestine, from one point of interest to another, it hardly seems like a reality that I am quietly seated in the ancient and renowned city of Jerusalem. A month's fatigue on horseback, over, perhaps, the worst roads on the face of the earth, from eight to twelve hours a day, is enough to disqualify one for deliberate writing. I have seen so much, and passed through so many places of historical interest, connected with the early condition of the human race and the commencement and development of Christianity, that it is difficult to determine where to commence an account of my movements since the last communication of February 4th. Although the primary object on this, as on former occasions, is to furnish intelligence in regard to the science of medicine, and the character of the prevalent diseases of the countries visited, yet, if nothing else were admissible into the Journal, my letters would be little more than skeletons, because there is not enough of this kind alone to be gathered in the whole of Syria to make half a dozen pages of profitable matter. Under such circumstances, therefore, I must be permitted to write out freely and unrestrained from among the mass of materials naturally gathered in traversing this extraordinary portion of the old world.

I have visited Tyre, Sidon and Cæsarea, and old Joppa, the only port in the Holy Land. They are in dignified ruins, to be sure; but can a city be said to be utterly desolate and its site forgotten, which is walled, has a population of four thousand souls, an organized military police, and a governor? Sidon and Tyre are in humble circumstances—the mere shadows of their once maratime opulence and proud pre-eminence; but to my apprehension the prophetic denunciation respecting them is yet to be fulfilled: the time of their utter extinction lies in the future. Of this, however, I

shall discourse hereafter and in another way. On Mount Carmel, the very spot where Elijah sat when the little cloud was seen rising not larger than a man's hand, and the borders of the river Kishon, near Kypher, the filthiest town on the whole coast of the Mediterranean, where he slew the false prophets, are indicated with exactness. But the extensive remains of Sarepta, the city where the barrel of flour wasted not, present a great field for investigation. Go where you may on the borders of the sea, the broken remains of the works of man in ages long before the birth of a single country in Europe, are both prominent and striking objects. The descriptions of forsaken cities usually found in books of travels, are very inaccurate, and, as far as I have had opportunity of personal investigation, such books are by no means reliable authority. Men view the same objects with very different emotions; and when under the excitement produced by scenes so novel, and so hallowed as those referred to by the writers of the Old Testament, particularly, it is not singular that they disagree materially. But leaving the discussion of such topics, it is no unbridling of the imagination to say that Syria, of all countries in the world, offers the best harvest for a scientific and archæological exploration. Why, every hill-side has been cut into; every ledge of rocks shows the mark of the chisel; and broken cisterns, huge columns, quarried stone, the ground plots of temples, isolated pillars standing alone on eminences, the history of which, no one living near them knows, cannot be otherwise than productive of materials for the scholar and the professional architect.

I followed the seashore leisurely, comparatively speaking, from Beyroot to Jaffa. A diversion was made into the mountains of Lebanon; there I visited El Kamer, a large town in the mountains, where those strange people, the Druses, reside. When a Druse woman has been once seen with a horn fastened on her head, from one foot to twenty inches in length, poised at different angles, the readers of the Psalms will better comprehend what is meant by the term "exalting your horn," &c. None but married females wear them. They are made of tin, wood, horn or silver. The poorest woman I have seen in a Druse village, all tattered and torn, barefooted and poverty-stricken in all respects, wore a horn as long and upright as the lady of the sheik.

At El Kamer, a town of 5000 inhabitants, is the palace of the Prince of the mountain, who was decoyed to Constantinople at the age of nearly ninety, with his two sons, where the old man and one of the princes suddenly died, a few years since. A force of 900 Turkish soldiers is kept in that solitary elevation, to overawe and keep in subjection the turbulent blood of those hardy, independent mountaineers. It being noised abroad, soon after lodgings were secured for the night, that a hakeem had arrived, the demand for my professional services was very active. I had opportunities of seeing the interior of Mussulman dwellings, and learning more of the domestic economy and customs of the Turks and Arabs, both in Egypt and Syria, in consequence of being a physician, than could have been obtained in any other way.

From the high peaks of Anti-Libanus, we descended to the coast, and surveyed every inch of the way worth examination, till we reached Jerusalem. From this city excursions were made wherever curiosity prompted, till it may be said that we saw the whole. To recount all and everything, would be both tedious to the reader and a repetition of descriptions that are common in whatever relates to the sacred geography and antiquities of Palestine. The manger in Bethlehem was visited. Also Bethany,

the Mount of Olives, the Garden of Gethsemane, the terrace midway up the hill, where tradition says the Saviour sat when he exclaimed, "Jerusalem, how often would I have gathered thee as a hen gathereth her chickens under her wings;"—the apartment where the Lord's supper was instituted; the house of Caiaphas, where he was accused; the hill of evil council, where the plot of his destruction was devised; Nazareth, where thirty years of his sojourn on earth were passed; Jacob's well, near Nablous, the ancient city of Shechim, where the discourse was held with the woman of Samaria; the Lake of Tiberias, where he was accustomed to visit with his disciples; Capernaum; the scene of the miracle of feeding the five thousand. At a distance was seen the mountain where Christ's sermon is said to have been delivered, and the high peak, where the tradition of Christians and Mahommedans declares he was tempted forty days. Besides viewing Cana in Galilee, where the water was turned into wine, and the little town where the widow's son was raised from the dead, I stood upon the spot where the church declares he was crucified, and the sepulchre where his body was laid. Broken down, debased and humbled as Jerusalem is, it must continue to be the rallying point of Christians of every country in all succeeding ages. It is impossible not to be excited by a new train of emotions, while standing on such hallowed ground. I made a thorough exploration of Jericho, the river Jordan, and the northern extremity of the Dead Sea. On ascending the mountains through the wilderness where John the Baptist proclaimed the near approach of the kingdom of heaven, to Mar Saba, a convent that has stood the wear and tear of fifteen hundred years, nearly the whole extent of the sluggish body of waters in that bituminous lake, could be seen at once. Just before my arrival on the plain of Jericho, at the fountain of Elisha, whose bitter waters, in a copious stream that still forces its way out from under a high mountain, were purified by that prophet, mention was made of a French scientific exploring expedition that had just been completed. At Jerusalem it was reported that gentlemen of the corps announced that their discoveries were of the first importance to science and biblical history, as, among other things, they had found and identified the ruins of Sodom. It occurred to me to ask the old sheik who conducted and guarded us on the tour through that awfully desolate and forbidding region, if he had been round the Dead Sea? He had; and on putting the question whether there were any ruins of towns, or walls of masonry, to be seen, he declared there were not, for he was familiar with the route the expedition had taken; and I believed he told the truth. Within fifteen days after, we overtook the whole party at Cæsarea Phillippi, and, finally, at Damascus had lodgings in the same house. This circumstance enables me to remark on some of the alleged results of their labors, reports of which may reach the United States and assume a much more important form than they deserve. A member of the French Institute, accompanied by some half a dozen gentlemen, with twenty mules for luggage and instruments, and servants of all orders, made nearly the round of the Dead Sea. But the Bedouin Arabs, who lay claim to certain districts which they call their jurisdiction, took them all prisoners because one of their own tribe had not been employed to give them safe conduct. They were liberated by paying about six hundred dollars. It is impossible to travel any where in that vicinity without paying money to the tribe over whose ground you pass; otherwise robbery certainly, and perhaps death, will follow. Myself and associates, before leaving Jerusalem, had a regular contract drawn up, and

deposited in the archives of the consulate. The expense to each of us was over ten dollars a day while on the tour. Five dollars for each was paid to the sheik—equivalent to purchasing a passport, and being obliged to carry beds, food, pack mules, horses, muleteers, servants, &c. In conversation with one of the commission alluded to, he assured me that they had discovered the craters of twenty volcanoes—had really found remains of Sodom, and had gathered an amount of information in regard to that extraordinary region, quite new and surprising. English gentlemen of intelligence who heard what was related, as well as myself, came to the conclusion that they had made no discoveries at all, not anticipated by our own country's exploring expedition to the same region, under Lt. Lynch. Mention was particularly made of the great pillar of salt, the discovery of which was certainly a trophy of our countrymen; and if that is the only thing they have to report upon on their return, no great glory will accrue to them, as they will be only the re-discoverers of what has been minutely described by others. Why this column of salt does not waste, after having stood there for thousands of years—certainly ever since the occurrence of that mighty volcanic force which raised the thousand lofty, uninhabitable mountains on the borders of these sluggish, salt and bitter waters, occupying a level thirteen hundred feet below the surface of the Mediterranean—is truly remarkable. Science has enough to do to solve this mystery, since the substance must necessarily be subjected a part of the year to the drenching of powerful rains, independently of other agencies in nature which break down the rocks and crumble them into dust. Every thing in and about the plain of Jericho is so striking, and so much at variance with the plan usually adopted by nature, in her geological arrangements, that there is room enough and material inexhaustible for all scientific visiters in all coming time. It is far easier to construct theories, than to clearly get at the exact facts in relation to natural objects as they exist at the Dead Sea.

The Annual Meeting of the Massachusetts Medical Society at Worcester.—At the last meeting of the Suffolk District Medical Society, a Committee was appointed to make arrangements with the Boston and Worcester Railroad Company, to take members of the Society to Worcester and back at reduced rates. In order to get a reduction in the price of tickets, it becomes necessary to pledge that a certain number of them will be taken; therefore, those members of the District Societies, who may wish to avail themselves of the privilege of going to Worcester over the B. and W. Railroad *at a very reduced rate*, will please send in their names, without delay, *post paid*, to Dr. George Stevens Jones, Medical Journal Office, Chairman of the Committee.

Extrophy of the Bladder.—Doubtless many of our readers have had an opportunity of seeing Mr. J***** H*****, a young man who has a congenital malformation, technically termed extrophy of the bladder, a description of which appeared in our Journal some three years since, and whose case is alluded to by Dr. Ayer on another page of to-day's Journal. Our object in again referring to this remarkable case, is to recommend the sufferer to the kind sympathies of professional men who may come in contact with him. By his physical infirmity, he is deprived of many of the privileges that others enjoy; he necessarily feels that, from his condition,

he must isolate himself from society, and can only be comparatively happy among medical men, who know his misfortune, and can feel for, and pity him. His only means of obtaining a livelihood, for the last six years, has been from the compensation received by exhibiting himself before the classes of our medical colleges throughout the United States, and from the sale of a drawing illustrative of his case. Although the professors in the several medical colleges have extended to him every kindness and liberality, nevertheless, the expense attendant upon travelling to and from them quite exhausts his resources, and at the end of the year he finds himself again without means. The peculiarity and unfortunate nature of his case, must be his passport among the profession; and so far as our knowledge of him extends, we believe that he is worthy of any charity that may be bestowed, and we earnestly recommend him to the consideration of the kind and benevolent.

Professor Mutter's Valedictory.—We have received a copy of Professor Mutter's excellent address to the graduating class of Jefferson Medical College, Philadelphia. It contains much good advice—and of a kind that would prove of the most essential service to the young doctor about commencing practice, if its applicability could only be *felt*. As the young graduate leaves the halls of his college, with strong hopes and high expectations of future success, he is apt to forget the kind and parting advice of an experienced, faithful teacher. In speaking of the physician, Dr. M. says, he "*must be a thinking, observing, and a reasoning man.*" One may be very diligent and industrious, and yet get no farther than this through the whole period of his education. He may become an accomplished person, full of information; a walking cyclopœdia; and at the end of his labors may have attained the reputation of a learned and agreeable person. But is this sufficient to satisfy a man of ambition? Far from it! One who thus limits his views can by no possibility become conspicuous in his profession, or even useful to the community in which he moves. He may be *learned*, but he is not *wise*. He may be a cogent *reasoner*, but he wants *practical common sense*. He may be familiar with every authority under the sun, and yet fail to distinguish one disease from another. He can tell you what Hippocrates and Galen say, butf or himself he has no opinion. He forgot, in the outset of his career, that the best part of every man's knowledge is that which he has acquired for himself, by observing closely, pondering deeply, and diligently sifting the wheat from the chaff—a knowledge which cannot be fully communicated to another, but which to him is a mine of gold."

Professor Bond's Valedictory.—The valedictory address of Prof. T. E. Bond, before the graduates of Washington University of Baltimore, at the commencement in March, has been received. We have derived much pleasure in reading it, and shall lay some portion of it before our readers. The doctor, in contrasting the medical profession with that of *law*, speaks of the vast difference of responsibility between them. "When," he says, "the advocate for a client, indicted for a capital crime, stands up to speak in his defence, he must be less than human if he does not tremble under the weight of his undertaking. But serious as is his responsibility, it is shared by others. A mistake might not be mischievous; the Court might correct his law, and the hearts of the jury add force to his pleadings.

But in *his* fearful office the physician stands alone. Hastily summoned—perhaps at the dead of night—without a moment's preparation, with no intelligible information as to the nature and extent of the demand to be made upon his faculties, he is hurried to the chamber where death has begun his work. However terrible, however complicated, however unusual the disease, the physician must meet the exigency, and meet it promptly. * * * After you shall have saved a life from the greatest peril, after you shall have restored a citizen to the State, a father to his children, a husband to his wife, you will have done precisely what you were expected to do—what you were sent for to do, and no more will be thought of the matter. In a little while it is quite likely that you will find yourself superseded by another physician, every way your inferior. But he may have flattered the family by some insincere attentions, or astonished them by a parade of learning—he may have been heard to call the back-bone the spine, or the brain the cerebrum, or a bruise an ecchymosis—or he may have won their confidence by the narration of some wonderful cures—or he may be a new man who has lately joined the same church and claims the practice of the brotherhood upon ecclesiastical principles—being determined not to serve God for naught. Or you may be discarded to make room for a mere mountebank, who may have made himself a doctor by the force of his will, and business by the force of his impudence—an utter ignoramus, with no more knowledge of disease than of the means of curing it, and no more of either than has the more respectable animal that drags him through his daily rounds of mortal visitation."

Youatt and Martin on Cattle.—We have received from the publisher, C. M. Saxton, New York, a book of over 450 pages, which is devoted to the diseases and management of cattle, by W. Youatt and W. C. L. Martin, England. It also contains a treatise on the breeds, a full history of the various races, their origin, breeding and merits; their capacity for beef, milk, &c. It is a very interesting, as well as practical work, and should be in the hands of every one who is engaged in the raising of stock. But as regards the treatment of diseases in such animals, we must beg leave to differ from the authors, who are of opinion that Hahnemann's theory is applicable in the case. Tappan & Whittemore are the publishers in this city.

Homœopathic Advocate and Guide to Health.—A new Journal has been received from Keene, N. H., with the above significant title, and which is, we presume, destined to do its part in revolutionizing the whole world in the principles and practice of medicine. This little Journal is to be *guided* by D. White, M.D., and is promised to appear once a month, for *fifty cents a year!* The sagacious editor thinks that the *cause* of disease and premature death is attributable to the misapplication of remedial agents, the physician of the "*old school*" being guided by a system founded upon *conjecture*, instead of facts. If our system of the theory and practice of medicine is conjectural, pray what can be said of yours, friend; a principle based on nonsensical delusions—one of fraud, and one that its own founder would not *die* by. But never mind the argument. Dr. W. believes the homœopathic system of treating disease to be the *only* rational method, and one founded upon *strictly scientific principles.* Although he is compelled to oppose other systems, "*in carrying out his de-*

signs," he wishes it distinctly understood that it is not the men, but their principles; for he entertains none other than the most kindly feelings towards *every medical man.*

Sketch of Dr. Reynell Coates.—We are requested to correct an error or two which crept into Cato's sketch of Dr. Coates, of Philadelphia, published in this Journal of March 19th. Dr. C. did not contribute largely to Chapman's Journal, as there stated, none of his papers appearing till after the announcement of Dr. Godman as assistant editor, in Vol. IX. Many papers by Dr. B. H. Coates, junior editor of the work, were published in it. The father of these distinguished brothers, we are informed, cannot with truth be said to have been "a person of fortune." He was a liberal-minded and philanthropic man, and labored much for the Pennsylvania Hospital.

These errors, though not apparently of much consequence, may lead to misapprehension, and we therefore take the earliest opportunity to correct them.

Capital Trials and Executions forty years ago.—In looking over a journal containing some records of criminal trials and executions forty years ago, we were forcibly impressed with the precipitancy that characterized the trial and subsequent execution of an assassin. It appears that one Bellingham shot Mr. Percival, in England, on the 11th day of May, 1811. He was committed, tried and convicted, *and on the 18th, seven days after the murder, was executed, and his body placed on the dissecting table.*

Medical Miscellany.—There were 19 young gentlemen graduated at the last session of the St. Louis University.—The salary of the City Physician of Boston has been increased to $1,000 per annum.—Few works published of late have been more favorably noticed in the American Medical Journals than the Report of the Sanitary Committee of Massachusetts.—Professor Thomas Reyburn has resigned the chair of Materia Medica and Therapeutics in the medical department of the St. Louis University, which he has filled with most decided ability for several years past.—Prof. White, of Buffalo, N. Y., sailed for Europe on the 17th ult.

Suffolk District Medical Society.—The meeting for medical improvement of the Suffolk District Medical Society, will be held at their rooms, Masonic Temple, on Saturday evening, April 26th, at the usual hour. A punctual attendance is requested.

To Correspondents.—Dr. Castle's paper on Dento-Neuralgia, and some further remarks by "Pro re nata" on Homœopathy, have been received.

Died,—In New York, John B. Beck, M.D., Professor of Materia Medica and Medical Jurisprudence in the New York College of Physicians and Surgeons, aged 57.—In Andover, Mass., Daniel Wardwell, M.D., aged 67 years.

Deaths in Boston—for the week ending Saturday noon, April 19, 57.—Males, 29—females, 28. Congestion of the brain, 1—disease of the brain, 1—bronchitis, 1—consumption, 15—convulsions, 3—canker, 1—croup, 1—dropsy of the brain, 3—exhaustion, 1—fever, 1—typhus fever, 2—typhoid fever, 1—infantile, 5—marasmus, 3—measles, 7—old age, 2—polypus, 1—smallpox, 3—teething, 3—inflammation of the throat, 1—unknown, 1.

Under 5 years, 24—between 5 and 20 years, 12—between 20 and 40 years, 14—between 40 and 60 years, 3—over 60 years, 4. Americans, 22; foreigners and children of foreigners, 35.

The above includes 9 deaths at the City Institutions.

Delegates to the American Medical Association.—The names of the following delegates to the meeting of the American Medical Association have been received by the Secretary of the Massachusetts Medical Society since the last report. Berkshire District—Professor H. H. Childs, Pittsfield. Franklin District—Charles L. Knowlton, M.D., Ashfield. From the Boston Society for Medical Observation—Drs. Samuel Parkman and E. H. Clarke.

At a meeting of the Barnstable (Mass.) District Medical Society, held at Barnstable on Tuesday, April 8th, 1851, the following persons were elected delegates from this Society to attend the next meeting of the American Medical Association, to be held at Charleston, S. C., on the first Tuesday of May next. E. W. Carpenter, M.D., William B. Gooch, M.D., S. H. Gould, M.D., G. W. Doane, M.D.

At the annual meeting of the New London (Ct.) County Medical Society, held in Norwich, April 10th, 1851, the following gentlemen were appointed Delegates to the American Medical Association:—Worthington Hooker, M.D., Ashbel Woodward, M.D., D. T. Brainard, M.D., A. B. Haile, M.D., James Morgan, M.D., Horace Thurston, M.D.

At the annual meeting of the New London (Ct.) County Medical Society, held in Norwich, April 10th, 1851, the following gentlemen were elected Delegates to the State Medical Convention, to be held in Hartford:—Elijah Dyer, M.D., Norwich; Ashbel Woodward, M.D., Franklin; A. W. Coats, M.D., Poquetannock; Jeremiah King, M.D., Norwich; Sam'l E. Maynard, M.D., Uncasville.

Medical Society of the State of Louisiana.—Dr. E. H. Barton, President; Drs. E. D. Fenner and J. C. Simonds, Vice Presidents; Dr. Remiston, Corresponding Secretary; Dr. P. B. McElny, Recording Secretary; Dr. R. Bein, Treasurer.

Dr. Litton's Address.—"An address to the graduates of the medical department of the St. Louis University, by A. Litton, M.D.," is another of those excellent valedictories which are so well calculated to impress upon the mind of the graduate, the importance of the profession in which he is about to embark. We wish our space would admit of copying from it.

Thermal Ventilation.—"Thermal Ventilation, and other sanitary improvements, applicable to public buildings, and recently adopted at the New York Hospital: a discourse delivered at the Hospital, Feb. 8th, 1851, by John Watson, M.D." We should judge, from reading this pamphlet, that much need existed for the improvement that has lately been effected in the New York Hospital. It would seem that the governors of the Hospital have expended money liberally for the purposes of ventilating and warming the building, and there can be no doubt that it will prove a very useful, as well as economical expenditure. In the warming of this Hospital, by steam apparatus, only one ton of coal is consumed per day. The length of pipe required to make the circuit, is 17,279 feet, and presenting a radiating surface equal to 5,250 square feet. Dr. Watson gives a very interesting account of the improvement, which may be profitably consulted by those who intend to make use of similar means in the warming and ventilating of public buildings.